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APPLICANTS

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**** CONTINUING DATA ********new Ces***** FOREIGN APPLICATIONS *******

NEW ZEALAND 503495 03/21/2000

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after <i>allowance</i> Examiner's Signature _____ Initials _____	STATE OR COUNTRY NEW ZEALAND	SHEETS DRAWING 3	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 4
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ADDRESS
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TITLE

Breathing assistance apparatus

FILING FEE RECEIVED 2652	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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1.18 Fees (Issue)

☐ Other _____

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